

CENTRON SECURITY SERVICES

Daily Security Report

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2036 Chent No.	iame Di to	k, j	NOTER	PIPLS)			Location	1007 054EUUST. OTEB, M. 1/12/87								
Facility Detex Clock Weapon Ro.	н	olster ·	Nightstick		Raiscoat	Flashlight		luther	E+TRE	,	-	•	, ,				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse	Officer-Day Shift (Name) Nemneth Halik					Officer	er-Swing Shift (Name) Off					COATES, EUCENE					
side and attach incident reports.		1	AM-PM Ended A			Shift Began	41	AM-PM)	AM-PM) Enged /2 (M)-M			12	AMPM.	AM)PM Ended AM-PM			
Observations or actions taken	Began Yes	No	A147-1 MI	Explanation	AM-PM	Yes	No	X.11.(11.)	Explanation		MyPM began	No		Explanatio	ń	<u> </u>	
Rounds or stations missed		٢		· · · · · · · · · · · · · · · · · · ·			2					1/					
Unlocked doors, gates or windows		س					4					0					
Unlocked vaults or safes		4					1_					1./.					
Fire-smoke-or hazards		v					1			, ,		V					
1. Extinguishers missing or defective		~					1										
2. Sprinkler system defective		<u></u>					1					V					
3. Fire doors or exits blocked		2			-		1-					V					
4. Rubbish accumulation		~					1	<u> </u>				1/					
5. Motors running		ン					1-					ĺ/					
6. Lights left burning															,		
Injury hazards															***************************************		
Visitors / OYOAA	n		Church	was	here		1					1	A		·		
Trespassing 10, 454N			-/10	lad	4.		اسره					1					
Violation of company rules							1					V				·	
Remarks Pa	D S	Evel	2 6 1	reoko		n'e	1	- la	hed.	- 10	d- >		e le	407	•		
open il. G	Y. Fr	> 6	here	سر بر	2 4 6 2 4		de	of le by	1.vets	19	Told	2 le	7/77	U			
			11			,	/				7		action				
							,	***************************************		· · · · · · · · · · · · · · · · · · ·	· ·						
IMPORTANT: If you were ill or injured ple	ease expl	ain on t	he reverse side	of this form	and call your se	pervisor	before lea	ving this post	•								
1. Were you injured during this tour?			Day Shift Yes	1. Yes	No Yes	No	3. Swing 5		es No	2 Yes	3 G	rave Shift es No) 1 Yes	No 2.	1	3. No	
2. Did you suffer any illness?			Yes (Ng)	Yes	No Yes	No	Yes	\mathcal{L}	es No	Yes		es No		No		No	
3. Have you reported all accidents coming to y	our atten	tion?	Yes No	Yes	No Yes	No	(Yes)		es No	Yes		es No	Yes	No		No	
kuff 10 A.M. Signatures 1 Hamsette Falix							Swings	Swingshin Kahoszki					Grave Still welling K Castilla				
V .	Sı	gnatures	2.			7	2		1.	8	2			<u></u>			
	Si	gnatures	3.				3		······································		3			43875		H	
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Use this form to report any irregularities or out of the ordinary incident occurring during your tour.

Date of Report



CENTRON SECURITY SERVICES, INC.

time of Report Client; metles. Address: Location of Incident -Incident Date occurred Time occurred 100 AΜ Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, &HOW??? About 4:05 pm. CAP. shuff Accived to clock when he grened it De Vouls Rank Page_/_of__/